

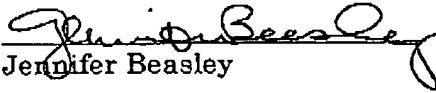
MAY 08 2006

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Margaret Anderson
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FACSIMILE COVER SHEET

TO: US Patent and Trademark Office FAX: 571 273 8300 Attn: Commissioner for Patents ART UNIT : 2876 Examiner: FRECH, Karl D. From: Pehr Jansson Reg. No. 35,759	Certificate of Transmission under 37 CFR 1.8 I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office (Fax No.: 571 273 8300) on <u>May 8, 2006</u> .  Jennifer Beasley
<u>In regard to:</u> Appl. No. : 09/945,123 Conf. No. : 2131 Applicant : Leydier, Robert Filing Date : 08/31/2001 Docket No. : 40.0048 Customer No. : 41754	This certificate applies to the following documents transmitted herewith: <ul style="list-style-type: none">• Certificate of Transmission/Cover Sheet (this page)• Transmittal Letter SB-21 (1 page)• Petition for Ext. of Time SB-22 & Copy (2 pages)• Notice of Appeal & copy (2 pages)• Fee Transmittal SB/17 & copy (2 pages)• Credit Card Form 2038 & copy (2 pages)
Total number of pages including this cover page	-- 10 --

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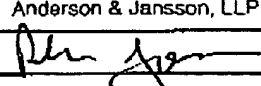
PTO/SB/21 (09-04)

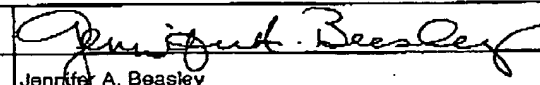
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/945,123
	Filing Date	08/31/2001
	First Named Inventor	LEYDIER, Robert A.
	Art Unit	2131
	Examiner Name	JACKSON, Jenise E.
	Attorney Docket Number	40.0048
Total Number of Pages in This Submission		10

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Form 2038 & copy (2 pages)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Anderson & Jansson, LLP		
Signature			
Printed name	Pehr Jansson		
Date	May 8, 2006	Reg. No.	35,759

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Typed or printed name	Jennifer A. Beasley
Date	May 8, 2006

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PTO/SB/17 (12-04v2)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL **For FY 2005**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 950.00

Complete If Known

Application Number 09/045,123
Filing Date 08/31/2001
First Named Inventor LEYDIER, Robert A.
Examiner Name JACKSON, Jenise E.
Art Unit 2131
Attorney Docket No. 40.0048

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

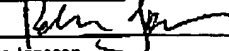
- 100 = / 50 = (round up to a whole number) x = Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal Fee and 2 mo. Ext. of time fee 850.00

SUBMITTED BY

Signature 
Name (Print/Type) Peter Jansson

Registration No. 35,759
(Attorney/Agent)

Telephone 512 372 8440

Date May 8, 2006

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 950.00

Complete if Known

Application Number	09/045,123
Filing Date	08/31/2001
First Named Inventor	LEYDIER, Robert A.
Examiner Name	JACKSON, Jenise E.
Art Unit	2131
Attorney Docket No.	40.0048

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 - _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEES (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal Fee and 2 mo. Ext. of time fee

950.00

SUBMITTED BY

Signature

Name (Print/Type) Pehr Jansson

Registration No.

(Attorney/Agent) 35,759

Telephone 512 372 8440

Date May 8, 2006

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